PTO/SB/06 (12-04)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Petent and Tradement Office; U.S. DEPARTMENT OF COMMERCE and to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respon

Substitute for Form PTO-875											Appl	Application or Docket Number 10-541543		
APPLICATION AS FILED PART I (Column 1) (Column 2)								SMALL ENTITY				R THAN ENTITY		
FOR			NUM		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	SSS M		
BASIC FEE (37 CFR 1.18(a), (b), or (c))									13.112.147	1	7	TOXIE (9)	75E(8)	
SEARCH FEE (37 CFR 1.1800, (I), or (m))								1		 	4		1100	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))							··-	1		+			700	
TOTAL CLAIMS			17					1		+	-[200,	
(37 CFR 1.16(I)) INDEPENDENT CLAIMS			【久	eurim:	0 .				X =		OR	X =		
(37 CFR 1.16(h))			minus 3 = •				1.122		Х -		_	X ==		
FE	PLICATION SIZE E CFR 1.16(a))		If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C, 41(a)(1)(G) and 37 CFR 1.16(s).								.]			
MU	LTIPLE DEPEN	DENT C	LAIM PRES	ENT (37	CFR 1.16(j))									
" if the difference in column 1 is less than zero, enter "O" in column 2.									TOTAL		1	TOTAL	(a)	
	APP	LICAT	ION AS	AMEND	ED – PAI	RT II								
APPLICATION AS AMENDED - PART II												THAN		
	(Column 1) (Column 2) (Column 3)							. i	SMALL	ENTITY	OR		ENTITY	
AMENDMENT A	REMAINING AFTER AMENDMENT				NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (8)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	CI CFR 1.16(3)	CATCHE LINGS		Minus	20				x25 =	1	T _{OR}	x 50 .	1,02,0	
	Independent (37 GFR 1.15(N))		3	Minus	- 3		-		×100 =	1	OR	×200=	,	
R	Application Size Fee (37 CFR 1.18(s))						·		·· / V · V	1	┧ ~	~200-		
۹ 	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))								180		OR	360		
										T	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT B		REM A	AIMS AINING TER IDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (3)].	RATE (\$)	ADDI- TIONAL	
	Total pr CFR 1.1809	•		Minus	**	-	•	ſ	X =	1.752.147	٠ ٦		FEE (\$)	
	Independent (37 CFR 1.18(pi))	•		Minus	 .		8	ŀ	^		OR OR	X =		
	Application Size Fee (37 CFR 1.16(a))							t		<u> </u>	┪ ~	<u> </u>		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.18(II))							ſ			OR			
_			· 						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	If the entry in co if the "Highest in If the "Highest in	Number	Previousiv	Pald For	IN THIS SPA	ACE I	a basa fhan 20 🕫	miar	70°. 3°.		-			

The Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Then will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.